
Exercise Progression Instructions

The following protocol is used to *gradually* return you to activity.

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to rank your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

0	1	2	3	4	5	6	7	8	9	10
Rest	Easy		Mild		Moderate		Hard		Intense	

- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.
- A 24 hour rest period should be taken before progressing to the next stage.
- **Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.**
- If your symptoms return, immediately discontinue activity and rest for 24 hours. If symptoms do not resolve or significantly worsen, consult your physician and/or athletic trainer.

Name: _____

Stage	Activity	Objective	Completed
1	<ul style="list-style-type: none"> Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes. Planks: 2 x 30 seconds ¼ Wall Sit: 2 x 1 minute Static Flexibility Training (cobra stretch, hamstring, butterfly) 	Perceived Exertion: EASY Minimal head movement Minimal distraction (quiet environment)	Date: Initials: Comment:
2	<ul style="list-style-type: none"> Jogging at a medium pace with normal eye movement x20-30 minutes Planks: 3 x 30 seconds Wall Sit: 3 x 1 minute Lunge Walks: 3 x 20 Flexibility Training including foam rolling exercises and flexibility using the javelin spear 	Perceived Exertion: MILD Normal head movement Low level cognitive exertion (counting reps, busy environment)	Date: Initials: Comment:
3	<ul style="list-style-type: none"> Running at fast pace x20-30 minutes. Shot Put/Hammer/Discus: Slow approach spins not including weight Javelin: Approach run through Individual drills which may include agility and skills practice May begin light weight training, no overhead free weights 	Perceived Exertion: MODERATE Increased head motion and rotation Increased body positional changes Moderate level multitasking in sport-specific drills No other players in the vicinity	Date: Initials: Comment:
4	<ul style="list-style-type: none"> Non-contact practice using shot put, discus, hammer and javelin equipment Agilities including high knees, butt kicks, carioca, A-skip, B-skip, High Kicks, and Rainbow Stretch (20 yards) 	Perceived Exertion: HARD/INTENSE High level multitasking in sport-specific drills. Multiple people on the field of play Non-Contact	Date: Initials: Comment:
CALL/RETURN TO CLINIC FOR FINAL CLEARANCE			
5	Full participation in controlled contact practice	Full participation in a controlled practice setting	Date: Initials: Comment:
6	Full participation in competition/game	Return to full participation	Date: Initials: Comment:

In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms. By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

 Signature of Licensed Physician, Licensed Athletic trainer, Licensed Physician Assistant,
 Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder

 Date

 Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

 Signature of Parent/Legal Custodian or Designee

 Date

 Please print name